USAID/CAMBODIA
SPECIAL OBJECTIVE CLOSE OUT REPORT

SpO Name: Reduced Transmission of Sexually Transmitted Infections and HIV/AIDS Among High-Risk Populations

SpO Number: 442-005

Approval Date: June 1996; revised SpO approved April 1998

Geographic Area: Cambodia

Total Cost: $ 17,341,568

USAID:

Mission Funding	DA	$ 1,301,568
	ESF	1,250,000
	CSD	5,336,100
Global Support	ESF	500,000
	CSD	8,953,900
Total USAID Funding		$ 17,341,568

Principle Implementing Partners:

Local Partners:

Family Health International/Implementing AIDS Prevention and Care (FHI/IMPACT) *
Population Services International (PSI)
International HIV/AIDS Alliance/Khmer HIV/AIDS NGO Alliance (KHANA) *
Reproductive Health Association of Cambodia (RHAC)
CARE International

Global Projects:
CEDPA/TAACS
Centers for Disease Control
POLICY Project/The Futures Group
Synergy
TB Coalition for Technical Assistance (TBCTA)

Summary of overall impact at SpO level and IR level

SpO: Reduced transmission of STIs and HIV/AIDS among high-risk populations.
The impact of activities under this SO is reflected in the *decrease in HIV sero-prevalence from 1996 to 2002 within high-risk populations:* the general population: from 3.3% to 2.6%; direct sex workers: from 42.6% to 28.8%; urban police officers: from 6.2% to 3.9%; and, women attending antenatal clinics: from 3.2% to 2.8%.

IR 1: Policy makers are informed about the HIV/AIDS epidemic in Cambodia.
Through a range of research, training and technical assistance activities, public and private sector policy makers have been informed about the HIV/AIDS epidemic as well as assisted in developing and implementing strategies for responding to the epidemic. The level of awareness of the epidemic and appreciation of the seriousness of the threat it poses to national development is reflected in the actions taken to respond:

* List of FHI/IMPACT and KHANA Cambodian NGO partners shown in Attachment 1.

- Policy makers representing 11 ministries as well as civil society and the private sector are actively engaged in developing and implementing a multi-sector response to HIV/AIDS in Cambodia.
- Government officials at both national and local levels proactively supporting the implementation of the "100 percent condom use" policy in high-risk areas.
- Ministry of National Defense and Ministry of Interior officials actively cooperating with implementing partners in AIDS education activities.
- Key sectors of the general business community open to advice on workplace practices and policies related to HIV/AIDS.
- Brothel owners cooperating with implementing partners in interventions with commercial sex workers.

IR 2: Reduced high-risk behaviors in target areas.
The effectiveness of interventions focused on behavior change is reflected in:

Decrease in use of commercial sex from 1997 to 2001: police from 51% to 19%; military from 51% to 20%; and, motorcycle taxis drivers from 35% to 8%.

Increase in condom use by female sex workers: from 16% in 1996 to 90% in 2001.

Increase in condom use with sex workers: police from 45% in 1996 to 85% in 2001; military from 33% in 1996 to 87% in 2001; and, motorcycle taxis drivers from 54% in 1997 to 79% in 2001.

Increase in condom use by men with their sweetheart: from 8% in 1997 to 21% in 1999.

IR 3: Model STD/RH service delivery program for high-risk populations piloted and replicated in target areas.
A model STD/RH service delivery program was established by the Cambodian NGO Reproductive Health Association of Cambodia (RHAC). RHAC's five urban clinics provide a full range of family planning methods, diagnosis and treatment of reproductive tract infections and STDs, ante and postnatal care and counseling on HIV prevention.

FHI provided in-service training on STD case management and clinic management for health care providers in 11 health facilities.

Significant changes in the Results Framework during the life of the SpO

There were no significant changes in the Results Framework during the life of the SpO. However, the scale of activities increased significantly in FY2001 when Cambodia was identified as one of four Rapid Scale-up countries in USAID's global response to the HIV pandemic in late calendar year 2000. Cambodia was the only country outside of Africa identified for rapid scale-up of HIV/AIDS activities. Concurrent with this designation, funding for HIV/AIDS activities increased significantly from approximately $2.5 million in FY 2000 to nearly $10 million in FY 2001. Activities with the Cambodian government expanded after Congress approved engagement with the government on HIV/AIDS in 2001.

Summary of activities used to achieve the SpO and their major outputs[1]

1. USAID-funded research has informed policy and programs in HIV/AIDS: the HIV Sentinel Surveillance (HSS) and Behavioral Sentinel Surveillance (BSS) have raised the awareness of policy-makers in all sectors of the magnitude of the problem and provided hard data on which to base programs and interventions. STD studies by FHI have added considerably to the previously weak knowledge base with regard to STDs in Cambodia, and helped inform interventions. Studies by CARE shed light on attitudes and behaviors of commercial sex workers (CSWs) and their clients.

[1] See in Attachment 2 for details on program activities.

2. Condom promotion through mass media, social marketing, and behavior change communication targeted to commercial sex workers, police and military has directly contributed to a substantial decrease in both high-risk behavior and HIV prevalence in these groups.
3. The social marketing of condoms in combination with parallel behavior change communication and IEC programs has been a key contributor to the achievement of the Special Objective. Almost all condoms presently available through commercial outlets are distributed by USAID-funded PSI. Annual sales have grown from 5 million condoms in 1995 to 18.5 million in 2002. PSI's Number One condom has been effectively targeted at commercial sex workers and their places of work, as well as their male clients, especially military personnel, policemen and other men who frequent brothels. Number One condoms are available in 93% of brothels surveyed in 2001.
4. Behavioral change interventions with commercial sex workers (CSWs) have both reduced their vulnerability to infection and provided critically needed social support. The involvement of local women's NGOs in CSW empowerment activities is a particularly positive contribution and important step towards breaking down the barriers of social isolation that surround CSWs. Peer education and peer support, networking, and mobilization activities provide not only HIV/STD prevention information, but a much-needed sense of community.
5. Technical assistance and support provided by FHI/IMPACT to the Ministries of National Defense and Interior have helped these two Ministries develop and implement a constructive and pro-active approach to the problem of HIV/AIDS. Their peer education programs have to date reached 77,000 military personnel (approximately 70% of the entire military forces of Cambodia) and approximately 10,000 policemen.
6. Technical assistance and funding through KHANA has helped develop a network of local NGOS with capacity to implement HIV/AIDS interventions at the grassroots level. This is an invaluable resource, which will greatly facilitate the ability of government and donors to deliver interventions at village level in the future. In addition, KHANA serves as a vehicle to co-ordinate and voice local non-governmental organization concerns.
7. Support to the Reproductive Health Association of Cambodia (RHAC) has contributed to the development of model urban private sector reproductive health clinics, providing a full range of family planning methods, diagnosis and treatment of reproductive tract infections and STDs, ante and postnatal care and counseling on HIV prevention. In addition to direct provision of a significant amount of family planning and STD services, RHAC has the capacity to provide high quality training in clinical techniques, IEC and counseling to NGOs and government.

Prospects for long-term sustainability of impact and principal threats to sustainability

Cambodia is in the process of developing its nascent health service system. Tangible results are evident three to four years after completion of the initial plans, but development of the planned system is still far from complete. There is every reason to expect that the Ministry of Health will continue to make significant progress towards the goal of accessible health services nation-wide. However, that progress will be made in stages, and it will take time. The need to deliver HIV/AIDS interventions is urgent and cannot wait for full development of the health care system. At the same time, interventions cannot be delivered without such a system and will always be constrained by the level and pace of system development. HIV/AIDS efforts in Cambodia must therefore proceed on two tracks, simultaneously: strengthening the nascent service delivery system, and promoting the delivery of specific interventions.

Lessons learned

HIV/AIDS Policy

- A major success story of the USAID HIV/AIDS portfolio is the extent to which funded behavior change interventions coupled with targeted provision of condoms have dramatically altered the spread of HIV in high-risk groups.

- The HSS and BSS have proven to be invaluable tools to both the national government and donors in advocacy, policy formulation, charting the course of the HIV/AIDS in Cambodia, prioritizing target groups for IEC/BCC and for overall program development in response to the epidemic. These tools have also been a model for replication in other countries.
- Disease-specific interventions in Cambodia need to be complemented by interventions which support development of the health care service delivery system. There has not been enough interface between HIV/AIDS/STDs and reproductive and child health (RCH) programs or the overall health service delivery system. The verticalization of HIV/AIDS/STD and RCH programs – both within the USAID portfolio and within the MoH – does not take full advantage of many important opportunities for synergy. This limitation has been addressed in the formulation of the Mission's new integrated SO.
- USAID-funded efforts to reach CSWs and their male clients, especially men in the uniformed services, have been highly successful and have contributed to declines in high-risk behavior and HIV prevalence in these groups. Key to this success have been the participation of local women's NGOs, and the strong commitment of the Ministries of Interior (responsible for the police) and National Defense (responsible for the military). Both Ministries would benefit from additional technical assistance in developing their HIV/AIDS strategies, policies and guidelines to ensure that the entire military and police services are covered nationwide.

HIV/AIDS Education/Prevention

- HSS data indicate a recent sharp decline in HIV prevalence among CSWs and their clients as a result of targeted behavior change communication and condom interventions. However, prevalence among indirect sex workers (e.g., beer promotion and bar girls) and migrant male workers has remained fairly constant. New strategies and messages for these more difficult to reach target groups are required.
- The association of condoms with prevention of STDs/HIV has led to a stigmatization and under-use with wives and "sweethearts". Attention to these groups should be a priority to contain the spread of HIV/AIDS to the "generalized" population.
- Messages about HIV prevention stress dangers but fail to make clear ways in which HIV is not transmitted, leading to unnecessary fear and stigmatization.

STD/RH Service Delivery Program for High-risk Populations

- There are numerous potentials for linkages between RCH and HIV/AIDS/STD interventions which would render both more effective, e.g.: HIV/AIDS/STD and RCH IEC efforts; antenatal, obstetric and post-natal care and prevention of mother to child transmission of HIV; family planning and STD/HIV prevention; antenatal care and STD prevention and treatment; and, voluntary counseling and testing and family planning.
- It is unrealistic to expect that, in a country still far from providing widespread access to treatment for curative illnesses, every AIDS patient can receive professional home care services or hospitalization. There is a need to prioritize and develop selection criteria for who is to receive what level of services, and to identify non-professional first-line care providers. The practice of training families of AIDS patients to manage their care at home care can facilitate this approach in a cost effective, and humane, manner.
- Increased public awareness is needed with respect to the care of HIV/AIDs patients, particularly to provide general information to the public on the attributes and appropriate care of the infection, and to make appropriate services accessible by HIVV/AIDS patients. Knowledge about appropriate treatment will help families to avoid spending large sums of money on traditional and modern treatments. Many families are brought to financial ruin in their effort to treat HIV/AIDS.

Capacity Building

- In the Cambodian context, where human resource capacity is extremely weak, and change is needed not only in information and skills but in basic attitudes and expectations, effective TA and training requires extensive, prolonged, hands-on follow-up, coaching and mentoring at the actual service delivery point. To achieve this, it is critical that implementing agencies systemically approach, and

allocate resources for, capacity-building of their own national staff so that they are well positioned to serve as mentors.

Performance indicators

Indicator 1: Percentage of men in target areas reporting always using condoms with commercial sex workers in the previous three months.
This indicator measures male condom use with commercial sex workers (CSWs) in the three months before a survey. Only men who have been to a CSW over that time are included in the denominator. To be counted in the numerator, men must report always using condoms when having sex with a CSW in that timeframe. For our purposes, this indicator is tracked for men in the military, a major focus of our interventions.

Indicator 2: Percentage of female commercial sex workers in target areas reporting consistent condom use with clients over the past week. The denominator is female commercial sex workers (CSWs) who report at least one client over the past week. The numerator is those CSWs who report they always use condoms during commercial sex acts with their clients over that time period.

Indicator 3: Percentage of men in target areas reporting always using condoms with sweetheart in previous three months The denominator includes only men who both have a sweetheart and who report having sex with their sweetheart in the three months prior to the survey. The numerator includes only men who report always using a condom when having sex with their sweetheart over that time frame. For our purposes, this indicator is tracked for men in the military, a major focus of our interventions.

All three of the above indicators have been useful for monitoring the impact of activities. Each indicator is focused on a specific target group with whom the USAID program has taken the lead in behavior change and condom promotion interventions. Collection of data on these indicators is institutionalized through the BSS and captures national trends in high-risk behavior patterns and is not limited to changes in the behavior of direct participants in USAID-supported activities. The marked change in high-risk behavior patterns reflects both the scope and effectiveness of interventions. Although other HIV/AIDS programs may have contributed to changes on these indicators, FHI's work with the Ministry of Defense has been the broadest in scope and reach and, the *Number One* brand condom marketed by USAID-funded partner PSI is the most widely available brand in the country.

Evaluations and special studies

USAID Reports and Assessments
USAID/Cambodia Results Review and Resource Request (R4): March 1997, February 1998, April 1999, April 2000, April 2001

USAID/Cambodia Annual Report: March 2002

USAID/Cambodia, Population, Health and Nutrition Assessment, June 2001.

USAID/Cambodia, Interim PHN Strategy 2002-2005, February 2002.

Partner Evaluations
FHI/Impact Mid-term Review, March 2001

Special Studies
NCHADS, Behavioral Sentinel Surveillance (BSS) 1997-2001.

NCHADS, HIV Sentinel Surveillance (HSS) 1995-2000.

Wilkinson, David, An Evaluation of the MoH/NGO Home Care Programme for People with HIV/AIDS in Cambodia, International HIV/AIDS Alliance, June 2000.

"When You Are Ill You Always Hope": An Exploration of the Role of Traditional Healers in HIV/AIDS Care and Prevention in Cambodia, Khana/Alliance, September 2001.

Children Affected by HIV/AIDS: Appraisal of Needs and Resources in Cambodia, Khana/Alliance, May 2000.

Key contacts

USAID/Cambodia
Office of Public Health
Phone: (855-23) 217-640; Fax: (855-23) 217-638

Mark White, Supervisory Public Health Officer
Email: MAWhite@usaid.gov

Christian Fung, HIV Coordinator
Email: CFung@usaid.gov

David Hausner, Senior Technical Advisor for HIV/AIDS/ID
Email: DHausner@usaid.gov

Chanta Chak, Development Assistance Specialist (HIV/AIDS)
Email: CChak@usaid.gov

Local Partners
CARE International
Sharon Wilkinson, Country Representative
#52, Street 352, Phnom Penh, Cambodia
Email: care.cam@bigpond.com.kh
Phone: (855-23) 215-267; Fax: (855-23) 426-233

Family Health International
Dr. Chawalit Natpratan, Country Director
#11, Street 302, Phnom Penh, Cambodia
Email: impact@fhi.org.kh
Phone: (855-23) 211-914; Fax: (855-23) 211-913

Khmer HIV/AIDS NGO Alliance (KHANA)
Pok Panhnavichetr, Executive Director
#25, Street 71, Phnom Penh, Cambodia
Email: khana@bigpond.com.kh
Phone: (855-23) 211-505; Fax: (855-23) 214-049

POLICY Project
Felicity Young, Program Manager
c/o #75, Street 71, Phnom Penh, Cambodia
Email: fyoung@ksc.th.com
Phone: (855-23) 218-656; Fax: (855-23) 218-987

Population Services International (PSI)
Barry Whittle, Country Representative
#29, Street 334, Phnom Penh, Cambodia
Email: bwhittle@bigpond.com.kh
Phone: (855-23) 218-660; Fax: (855-23) 218-735

Reproductive Health Association of Cambodia (RHAC)
Dr. Ouk Vong Vathiny, Executive Director
#6, Street 150, Phnom Penh, Cambodia
Email: rhac@rhac.org.kh
Phone: (855-23) 366-295; Fax: (855-23) 366-194

Cambodian NGO Partners

FHI/IMPACT Partners:

CARE
Cambodian Red Cross (CRC)
Cambodian Women's Clinic (CWC)
Cambodian Women for Peace and Development (CWPD)
Khemara
Khmer Women's Cooperation for Development (KWCD)
Kien Kas
Meatho Phum Komah/Homeland
Mith Samlanh/Friends
Nyemo
Oxfam HK
Partners in Compassion
Pharmaciens sans Frontieres (PSF)
Phnom Srey Association for Development (PSAD)
Servants to Asia's Urban Poor (Servants)
Urban Sector Group (USG)

KHANA Partners:

Association of Farmer Development (AFD)
Banteay Srei
Battambang Women's AIDS Project (BWAP)
Buddhism for Development (BFD)
Cambodian Children Against Starvation and Violence Association (CCASVA)
Cambodian Development & Relief Center for the Poor (CDRCP)
Cambodian Network of PLWAs (CPN+)
Cambodian Organization for Human Rights and Development (COHD)
Cambodian Socio-economic Development Association (CSDA)
Cambodian Vision in Development (CVD)
Cambodian Women's League for Development (CWLD)
Economic Development Community Organization (EDCO)
HIV/AIDS Coordinating Committee (HACC)
Human Rights Protection and Rural Development Association (HURIPRUDA)
Indradevi Association (IDA)
Kasekor Thmey (KT)
Khmer Buddhist Association (KBA)
Khmer Human Resources for Development Organization (KHREDO)
Khmer Rural Development Association (KRDA)
Key of Social Health Education Road (KOSHER)
Khmer Women's Cooperation for Development (KWCD)
Kratie Women's Welfare Association (KWWA)
Minority Organization for Development Economy (MODE)
Nak Akphivath Sahakum (NAS)
National Prosperity Association (NAPA)
Poor's Health Association (PHA)
Phnom Penh Home Care Network Group
Rachana
Rural Economic Development Association (REDA)
Sacrifice Family and Orphan Development Association (SFODA)
Social, Environment, Agricultural Development Association (SEADO)
United Neutral Khmer Students (UNKS)
Vithei Chiveth
Women Organization for Modern Economy and Nursing (WOMEN)

Activities and Outputs

ACTIVITIES	MAJOR OUTPUTS
HIV/AIDS Policy Assistance to the National AIDS Authority (NAA) with the establishment of an HIV surveillance system to monitor the status of the AIDS pandemic and guide policy formulation and targeting of interventions.	♦ The National HIV Sentinel Surveillance (HSS) conducted since 1999. ♦ Behavioral Surveillance Survey (BSS) conducted since 1997. ♦ Cambodia's HIV surveillance system is one of the most advanced in Asia. ♦
Assistance in designing and conducting a STD prevalence survey.	♦ HSS and BSS surveys conducted when USAID support to Ministry was provided (see above)
Assistance the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) to expand implementation of the RGC's "100 percent Condom Use Policy".	♦ Program expanded to six provinces.
Elaboration of national counseling and testing policy and guidelines.	♦ Guidelines adopted by the National AIDS Committee
Technical support to the National AIDS Authority (NAA).	♦ Costing exercise for the development of the National HIV/AIDS Response Plan carried out.
Assistance to the Cambodian Ministry of National Defense in responding to the vulnerability of military personnel to HIV/AIDS.	♦ Development of the first 5-year strategic plan to respond to HIV/AIDS among military personnel.
Assistance to the Ministry of Women's and Veterans' Affairs in providing leadership in addressing gender concerns in the response to HIV/AIDS.	♦ Establishment of a Gender and HIV/AIDS working group comprised of representatives from x Ministries and x civil society organizations. ♦ Training of Ministrystaff on Gender and HIV/AIDS. ♦ Analysis of National AIDS Strategy for 200x-200x from a gender perspective. ♦
Advising a network of private businesses with large numbers of staff or staff with high-risk behaviors on workplace practices and policies related to HIV/AIDS.	♦ Assistance provided to x private companies employing a total of nearly 3,000 staff.
Assistance to the Cambodia People Living with AIDS Network (CPN+).	♦ Network established to increase the advocacy role of groups of people living with AIDS in prevention, care and support.

HIV/AIDS Education/Prevention Outreach programs for female commercial sex workers.	• Outreach education conducted with more than 4,000 sex workers
Peer education for military and police forces on safe-sex practices, modes of transmission, methods of prevention and HIV/AIDS stigma-reduction.	• The Ministry of National Defense has 24 core trainers, 183 peer educator trainers and 2,500 peer educators. It is estimated that each peer educator has reached and educated 15 men reaching a total of 39,000 military personnel in three target provinces, approximately 20% of the entire military force of Cambodia. • 10,000 police officers trained
Assistance with the establishment and strengthening of a sex workers empowerment network for training on HIV/AIDS prevention and care, negotiation skills and practices for safer sex, life skills as well as financial savings schemes. Khana partners Strengthening the capacity of Buddhist Monks to expand the role of faith-based organization in HIV/AIDS prevention and care.	• 2,600 sex workers trained on HIV/AIDS prevention and care • Over 1,600 sex workers in target provinces actively involved in the networks. • First collective bank account for sex workers has been established giving commercial sex workers more control over their earnings.
STD/RH Service Delivery Program for High-risk Populations Social marketing of *Number One* condoms for reduced transmission of infection, and child spacing.	• Socially marketed condoms reached record sales of 18.5 million in 2002. • Total sales since 1995 of nearly 100 million.
RHAC clinical services	•
Strengthening the capacity of health care providers from government and non-government organizations on STI case management and the provision of quality 'sex worker-friendly' services.	• Development of a STI treatment manuals for sex workers • In-service training on STI case management and clinic management of 46 health care providers in 11 health facilities. Over 2,000 patients per month have been treated for STIs at these clinics since the training began in May 2000. • Drugs are readily available and are free of charge for sex workers • Two mobile clinics for sex workers established.
Providing support to orphans and vulnerable children affected by and infected with HIV.	•